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Report on the yellow fever at Brookhaven, Miss.

NEW ORLEANS, LA., November 20, 1900.

SIR: I have the honor to make the following report on the conditions at Brookhaven, Miss.: Brookhaven is a town of about 3,000 inhabitants, situated on the Illinois Central Railroad about 130 miles north from New Orleans and about 50 miles south of Jackson, Miss. I arrived on the afternoon of November 15, 1900, and called on Dr. J. T. Butler, county health physician. In reply to my inquiries Dr. Butler informed me that for several months past there had been numerous cases of fever of an undetermined character in and around Brookhaven. He stated that he had not been led to suspect that the disease was yellow fever until that day when one of his patients, Charles Middleton, foreman of the Pearl River Lumber Company, who had been sick five days, had black vomit. He invited me to see the case with him, which I did, and found the man dying with symptoms of yellow fever. He died about midnight, and the necropsy held the next day by Dr. A. H. Gant, president of the Mississippi State board of health, at which I was present, confirmed the diagnosis of yellow fever.

After seeing the Middleton case I met a number of the physicians of the town at Dr. Butler's office, and discussed the situation with them. The history of the outbreak at Brookhaven, as obtained from the statements of the physicians, is as follows: A mild type of fever had been prevailing in Brookhaven since early in September, possibly earlier, but no specific cases could be recalled before September. Dr. Butler was a victim of the disease and his was the first case brought to his notice. He was taken sick September 14; had a chill about 3 o'clock in the morning; temperature 103° F.; aching in head, back, and limbs; no appetite, some nausea; became jaundiced; had albumen in the urine; recovered by September 21, but was quite weak for some time. Following Dr. Butler's attack, his little son, then his wife, and then a little daughter sickened with the same symptoms. The illness of each continued about seven days, and left the patients very weak. Dr. Butler stated that he had not been away from Brookhaven for two years, with the exception of visits into the country to patients. He does not recall having come in contact with any case previous to his attack with symptoms like his own, or that he thought might have been the source of his infection.

As to the number of cases in Brookhaven from early in September to November 15, no one could give me any reliable estimate. It is said that nearly every family in the town has had one or more members sick with the "prevailing fever." There is no health organization in Brookhaven, therefore contagious diseases are not reported, and no register of vital statistics is kept; for this reason it is not possible to get a record of the deaths that have occurred. Up to the date of my visit there had been 4 deaths that were caused by yellow fever, 2 of which there was no question and the other 2 probable. I am unable at this time to give the dates of attack and recovery, or death of the 12 or 15 cases whose names were given me as having had the fever.

Dr. Butler promised to send me this information but it has not yet been received. I inclose a history of the Middleton case, with the notes taken at the necropsy. When I left Brookhaven on November 17 to inspect McComb City there were but 2 known cases of yellow fever in Brookhaven. Dr. Gant, of the State board of health, was making an inspection of the town, and I understand found no more cases. One of these 2 cases has since died.

From the information received I was unable to ascertain the origin of the infection at Brookhaven. The Butler case was the first authentic case in the town, and as he had not been away from town for two years, it is reasonable to assume that he got his infection there. It is possible that he may have been infected by some of his country patients, but he has no recollection of any such patient that would support this theory. The question of the source of the infection is still open, and I am trying to trace it.

I think it is hardly probable that there has been a recrudescence of the disease at either Natchez or Brookhaven, as no cases of yellow fever were known to have been in either place last year. In fact so far as known this is the first time that yellow fever has ever made its appearance in Brookhaven. The fact that the disease has appeared at two places like Natchez, which is on a branch road and is in a measure remote from other cities, and Brookhaven that is only a small place on the line of the Illinois Central Railroad, with no especial amount of traffic, or any especial reason for infection, leads to the inference that the infection must have been more widely spread than is now known. I recommended at Brookhaven, as at Natchez, the isolation of cases, and disinfection of infected houses and articles. I also recommended thorough aëration of all the houses in the town. I left with the authorities copies of the précis on yellow fever, and also copies of the interstate quarantine regulations. The local authorities were organizing a health organization under the direction of the president of the State board of health to take charge of the situation.

Respectfully,

C. P. WERTENBAKER,
Passed Assistant Surgeon, U. S. M. H. S.

[Inclosure.]

Necropsy report in the case of Charles Middleton, dead of yellow fever at Brookhaven, Miss.

Charles Middleton, age 35, nativity, Mississippi; taken sick November 10, 1900, died November 15, 1900.

History.—Had chill about 3 a. m., November 10, 1900, followed by headache, and said he "felt bad all over." No chart of temperature or pulse kept. His physician states that the temperature ranged about 104° F. until the morning of November 15, when it dropped to 100½° F. and black vomit made its appearance. Urine yellowish from the third day; not tested for albumen until November 15, when it was found to contain 50 per cent albumen. On the afternoon of November 15 the patient's eyes were injected, and tinged with yellow; skin lemon yellow, tongue red at tip; gums soft and purplish; temperature 102° F., pulse 90; patient stupid and hard to arouse; frequently vomited black vomit. Died 11.30 p. m., November 15, 1900.

Patient's wife had fever October 10, as did 1 daughter. Another daughter taken October 31, and the father November 10.

Necropsy.—Eight p. m., November 16, 1900, twenty hours after death. Necropsy by electric light. Body of a well-nourished male; rigor mortis well marked in upper and lower extremities. Suggillation marked especially around neck, posterior aspect of body and limbs, and on scrotum and penis; skin, lemon yellow; conjunctivæ, yellow; gums, purplish and soft. Body opened by the usual incision; cutaneous fat, yellow; peritoneum, dry; omentum, dry, injected, and stained yellow, and had small hemorrhagic spots. Heart and lungs normal in appearance, but not disturbed. Liver normal in size, mottled all over the surface, of a pale boxwood color, dry on section and dark brown; gall bladder empty and contracted. Spleen about normal in size, but darker than normal in color; stomach contained about 30 c. c. of thick, black, granular fluid, of the usual "coffee grounds" appearance; veins injected; mucous membrane congested throughout, softened, and had numerous large erosions and points of extravasation. Duodenum contained a large post-mortem spot; mucous membrane congested and softened. Urinary bladder empty and contracted; left kidney, surface mottled, with hemorrhagic points beneath capsule. Markings fairly distinct; cortex swollen, commencing fatty degeneration at base of pyramids; capsule strips readily, other organs not examined.